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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/661,165
	Filing Date	September 11, 2003
	First Named Inventor	Ravinder DHALLAN
	Art Unit	1634
	Examiner Name	E. Whisenant
	Attorney Docket Number	543312000420

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number

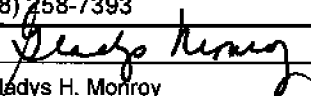
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:
Client request to transfer

CORRESPONDENCE ADDRESS

1. ☒ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael Cronin - Intellectual Property Associate Whyte Hirschboeck Dudek		
Address	33 East Main Street, Suite 300		
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Country	U.S.A.		
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Signature			
Name	Gladys H. Mohrroy	Registration No.	32,430
Date	March 21, 2008	Telephone No.	(650) 813-5711

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.